

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Kyl L. Smith

Title: COMPOSITIONS FOR
IMPROVING MENTAL
PERFORMANCE

Refund Ref:
02/18/2009 0030066807

Appl. No.: 10/519515

Credit Card Refund Total: \$1115.00

Filing Date: 12/7/2004

VISA....: XXXXXXXXXXXX6626

Examiner: Michele C. Flood

Art Unit: 1655

Confirmation Number:
2543

PETITION FOR EXTENSION OF TIME

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant hereby petitions the Commissioner under 37 C.F.R. §1.136(a) for a five-month extension of time for response in the above-identified application for the period required to make the attached response timely.

The above-identified fees of \$1,115.00 are being paid by credit card via EFS-Web.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

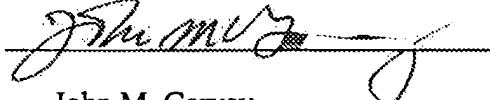
Adjustment date: 02/18/2009 CKHLOK
05/22/2008 IN1EFSW 00002278 10519515
02 FC:2255 -1115.00 DP

Atty. Dkt. No 072892-0109

Respectfully submitted,

Date May 21, 2008

FOLEY & LARDNER LLP
Customer Number: 48329
Telephone: (617) 342-4085
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By 

John M. Garvey
Attorney for Applicant
Registration No. 37,833

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 2/11/09 2 Serial/Patent # 10/519515

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
	Filing			\$
	Amendment			\$
<input checked="" type="checkbox"/>	Extension of Time		<u>5/21/08</u>	\$ 1,115.00
	Notice of Appeal/Appeal			\$
	Petition			\$
	Issue			\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
	Other			\$

7 TOTAL AMOUNT OF REFUND \$1,115.00

8 TO BE REFUNDED BY:

Treasury Check

Credit Deposit A/C #:

9 19 - 0741

Credit Card

10 REASON:

Overpayment

Duplicate Payment

No Fee Due (Explanation):

paid unnecessary extension of time fees

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: Joan Olszewski TITLE: Petition Examiner

SIGNATURE: _____ PHONE: 571-272-7751

OFFICE: Office of Petitions

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APPROVED: _____ DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B